Missouri Health Information Exchange
Regional Listening Sessions
Group Discussion Notes from Springfield – August 26, 2009

1. Briefly describe a future vision for a Missouri Health Information Exchange (HIE). What goals should be accomplished as Missouri develops a strategic roadmap for Health Information Technology (HIT) and Health Information Exchange (HIE) in the state?

- Health care provider to all pertinent information at all points of care across state.
- Patient portal – access and central of own health info.
- Revision of HIPPA to enable exchange of information.
- Ownership of data needs to be addressed – what is organizational accountability after information is shared; avoid using billing data/coding – potential for error.
- What controls need to be in place for quality control?
- Need to be able to audit/track shared information.
- Quality patient care must be ultimate driver.
- Need to define responsibility of release – how is it tracked/audited and who is responsible for misuse of information?
- Internet secured data.
- Need to address consumer education/buy-in.
- Can consumer decline to participate? If so, what will participation rates look like?
- Goals:
  - Good for the clinicians as well as patients.
  - Should make care of patients easier and better.
  - Assistance with assisting patients in ED's.
  - Necessary connectivity with pharmacies (ties in with "meaningful use")
  - Only works with Medicaid currently
  - Need incentives for e-RX.
  - Should start at patient/provider hospital first and then extend to state agencies, etc.
  - Develop a fiscally sustainable solution that survives beyond Federal dollars.
  - Should work collaboratively with border States to build similar models.
  - Safety, security, and ownership.
- The HIE's have valuable information and it will become important to know what information providers should have access to what information they have accessed and why.
- It will help doctors eliminate or reduce drug seekers.
- The systems must be able to communicate with each other and be HL7 compliant.
- The systems must be able to handle documents.
- Security is very important. There is traditional security, policies and procedures (HIPPA).

- We need to have strong governance to decide who runs it, who pays for it?
- Patients should be able to have easy access to see their chart and who accessed their chart.
- Ability to communicate with physicians across the state.
- Universal ability to transact – clinical messaging clearinghouse function.
- Ability to transact across state lines. Gateway to other states.
- Should not be storage of EHR's – should be method to transact.
- Quick retrieval – ease of use.
- Integrate into workflow for user (providers, agencies, etc).
- Designed so that it is secure but accessible. Authentication but not so cumbersome to access.
- Serve as a gateway to state registries.

2. What roles are critical for a statewide Health Information Exchange (HIE)?

• Marketing
• Education
• Consumer buy-in support (town halls) etc.
• Consumer recourse to challenge inaccurate information within reasonable time frame.
• HIM expanded role – staffing. AHIMA involvement.
• Auditors – report back – accountability process.
• HIE directors.
• Leadership
  o Legislative
  o Regional extension centers
  o Advisory commission
  o Educators
• Advisory committee could perhaps continually educate legislative and practitioners.
• HIE is/should be open to all healthcare providers, not just physicians.
  o Currently focused on primary care
  o Dentists eligible?
  o Behavioral health eligible?
  o Will these follow in future phases?
• Public – private or non-profit group vested by the state.
• Need for education and training on system operations.
• Need to stop inappropriate use of information (HIPPA)/oversight with transparency.
• The state will play a large role in managing the money.
• There will need to a state advisory board.
• Regional Extension Centers: Universities will be doing research, training and preparing staff.
• Transactional (orders, results, referral, consult, repeat). This is where value will come – as a clearinghouse.
• Gateway to state registries.
• Ability to connect with other states.
• Patient centric to help providers focus on patient treatment and diagnosis.
• Assist hospitals and provider achieve meaningful use, but not duplicate valuable services (e-prescribing, claims processing)	

3. What are you most concerned about related to Health Information Exchange (HIE)?

• Will information become part of study groups? • How will permission be obtained/tracked? • How will systems "talk" to each other? Data is not easy to navigate, especially in larger volumes. Discrete data may not be readable by diverse systems. • Need a clear definition of scope of medical record, ex: does it include images? Or, just interpretation? • Technology changes quickly – how will we keep this current? • Who will ultimately own the record? • Who takes the ultimate responsibility? • All of this effort with the potential that a small amount of physicians are eligible for incentive payment (hopefully monetary incentive will aid buy-in). • Lack of interest from consumers, especially those ages 65+ (need customized education). • Need for real time availability of clinical data. • Need to ensure data is transported consistently so patient data is accurate and will not lead to misinterpretation, especially if providers keep their vendors (vendors are not standardized). • Thorough oversight. • Requirement(s) placed on patients – particularly the elderly or underserved. • Supply of HIT professionals to administer this effort efficiently. • Privacy/security laws – Federal decisions v. State decisions. • Importance of public health monitoring of this. • Time to fully adapt all current and forthcoming providers into the HIE. • Manpower to execute up-to-date records with full-scale chart notes. • The rural physicians are the ones that are not using electronic medical records. • To what extent will the physicians actually use the EHR? • There are patients that fear this is "Big-Brother". • Is the information good information? What happens if the information being exchanged is wrong? How do you go back and correct the misinformation that has been distributed. • Limitation of state boundaries for organizations near state borders (Joplin, KC, and St. Louis). • Privacy and confidentiality – who can see what –especially with HIV and mental health? • State surveyors up-to-speed on use of EHR's. • Redundancy with other exchange of claims, verification (these already exist) e-prescribing, Surescripts. • Inclusion of patient expectations in planning. • Education with patients. • Standardization for exchange of clinical information (beyond the CED, all elements). • Those organizations that benefit help pay over long-term. • Opt-out provision. • Back-up procedures – reliability. • State involvement but not state controlled. • Need focus on EHR adoption. First step – without EHR adoption no info to share – critical component. • Ability to meet new HIPPA requirements (all exchanges - RHIOs)	

4. What general comments do you have related to Health Information Exchange (HIE)? What other questions do you have?

• St. John's in Springfield has fully implemented EHR in hospital and 450+ physician offices and would be willing to share our experience. • Some sharing of data currently exists such as Bootheel shares with regional hospitals (Columbia) – look at their experience and practices. • Implementation must be at different levels – organizations will grow at different paces. Organization may not have resources available to assign or have other initiatives in place that affect resources. What will be the financial responsibility of individual organizations? • Avoid mandating rules without adequate engagement of local organizations. • Terminology will differ among systems – how will we standardize? What will be cost/impact to legacy systems? • Political aspect – keeping legislative informed of Missouri efforts and nation-wide efforts for future legislation and funding issues. • Need good involvement from state professional organizations, providers, grassroots organizations and legislators. • How are we going to make up the short time that we have left? • How is the culture of providers going to begin to trust each other? • How will growth in healthcare fields, new information and advances roll out? • Positive, good to move forward. • HIE as a component of the broader picture of using technology to improve healthcare. • Look to successful, sustainable HIE models (Indiana). • Any pure information exchange needs ability to distill (pick and choose) information to make it useful to user – filtered – manageable. • Where does GoogleHealth fit in? Microsoft HealthVault? • Can providers credentialing support for hospitals?	